PATRICK JS INOUYE PS

PAGE 02

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Nove: Use Block 1 for any change of address)

7590

02/15/2005

Law Offices of Patrick J.S. Inouye Suite 258

810 Third Avenue Scattle, WA 98104

02/22/2005 LWONDIM2 00000005 10646037

& TRADEMAY

01 FC:1501 02 FC:1504 03 FC:80pi 1400.00 OP 300.00 OP

FILING DATE APPLICATION NO. 08/22/2003 10/646,037

FIRST NAMED INVENTOR Gust H. Bardy

Pigott Larissa

February

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (703) 746-4000, on the date indicated below.

2005

ATTORNEY DOCKET NO.

020.0347.US.CON

Occasion's name (Signature

(Date)

CONFIRMATION NO. 9265

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING FEEDBACK TO AN INDIVIDUAL PATIENT FOR AUTOMATED REMOTE PATIENT CARE

APPLN. TYPE	SMALL ENTITY	issur fre		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1400		\$300	\$1700	05/16/2005	
EXA	MINER	ART UNIT		Class-Subclass			
JASTRZAB, JEFFREY R		3762		600-300000	•		
CFR 1.363). Change of correspon Address form PTO/SB/3	ce address or indication of "F idence address (or Change of 122) attached. arion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDÊNCE DATA TO B	E PRINTED ON THE	E PATENT	(print or type)			
PLEASE NOTE: Unics recordation as set forth i	s an assignee is identified be in 37 CFR 3.11. Completion	clow, no assignee date of this form is NOT a	a will app substitute	ear on the patent. If an assign for filing an assignment,	ee is identified below, the c	document has been filed for	
(A) NAME OF ASSIGN	vee	(B) R	ESIDENC	E: (CTTY and STATE OR COI	JNTRY)		
		ries (will not be printe		Seattle, WA attent): Individual 20 Co Fee(s):	orporation or other private gr	oup entity Government	
🔀 Issue Fee			A check	in the amount of the fee(s) is en	closed.		
	small entity discount permitte	ed) 🔽	Payment	by credit card. Form PTO-2038	is attached.		
Advance Order - # o	of Copies 2	De	The Dire	ector is hereby authorized by clount Number	narge the required fee(s), or enclose an extra o	credit any overpayment, to sopy of this form).	
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. Sec o is requested to supply the Las	e) 37 CFR 1.27. 🔲	b. Applic	ant is no longer claiming SMAI	LL ENTITY status. Sec 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if required) vords of the United States Pat	will not be accepted fro ent and Trademark Off	om anyon: fice.	y) or to re-apply any previously cother than the applicant, a regi	stered attorney or agent; or t	he assignee or other party is	
Authorized Signature _	THE	<u>e</u>		Date Fel	oruary 17, 20	005	
Typed or printed name	Patrick J.S	Inouye		. Registration	No. 40,297		
This collection of informati an application. Confidentia	ion is required by 37 CPR 1.3 lity is governed by 35 U.S.C.	11. The information is 122 and 37 CFR 1.14	required 4. This col	to obtain or retain a benefit by t lection is estimated to take 12 r	he public which is to file (an nimites to complete, includi	d by the USPTO to process	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



The Law Offices of Patrick J.S. Inouye

810 3rd Avenue, Suite 258 Seattle, Washington 98104 Telephone: (206) 381-3900 Facsimile: (206) 381-3999

Facsimile Transmittal

To:	USPTO, Mail Stop Issue For	Fax:	(703) 746-4000		
From:	Patrick J.S. Inouye	Date:	February 17, 2005		
Re:	U.S. Patent Application Serial No. 10/646,037	Pages:	4 (including cover sheet)		
CC:		<u>. </u>			
🗖 Urgent	□ For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle	

Notes: Regarding the above-identified U.S. patent application, please find attached thereto:

Issue Fee Transmittal Form USPTO Fee Transmittal Form Credit Card Payment for \$1,706.00

Notice: The information contained in this facsimile is privileged and confidential information protected by the attorney-client privilege and is intended only for the use of the above-named recipient. If you are not the intended recipient, or a person responsible for delivering this facsimile to the intended recipient, any distribution or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the facsimile to the above-indicated address by mail.

16:19

FEB 1 7 2005 PTO/SB/17 (12-04) Approved for use through 07/31/2006, QMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Ir the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CIVIB control number. Complete if Known Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/646,037 Application Number TRANSMITTAL Filing Date August 22, 2003 First Named Inventor Bardy For FY 2005 Examiner Name Jeffrey R. Jastrzab Applicant Claims small entity status. See 37 CFR 1.27 Art Unit 3782 TOTAL AMOUNT OF PAYMENT (\$) 1,706.00 Attorney Docket No. 020.0347.US.CON METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 503031 Deposit Account Name: Lew Offices of Patrick J.S. Incurve For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (S) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissnes, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (5) Multiple Dependent Claims -20 or HP = 0 Fee Paid (\$) \$50.00 \$ 0.00 Fee (\$) HP = highest number of total claims paid for, if greater than 20 \$360.00 Indep. Claims Extra Claims Fee (\$) Fee Pald (\$) -3 or HP = 0 _\$200.00 \$ 0.00 HP = highest number of independent claims paid for, if greater than 9 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Patd (\$) a -100 =0

(round up to a whole number) \$250.00 \$ 0.00 4. OTHER FEE(S) Fees Paid(\$) Non-English Specification, \$130 fee (no small entity discount) Other: Issue Fec: \$1,400: Publication Fee: \$300: Patent Copies (2): \$6 1,706.00

SORMILLIED BA		· · · · · · · · · · · · · · · · · · ·		
Signature	72019-p	Registration No. 40297	Telephone	(206) 381-3900
Name (Print/Type)	Patrick J.S. Incuye		Date	February 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.